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island, respectively. Drs. Guitéras, Grillo, and Barnet will hold office for a period of two, three, and four years, respectively.

"Art. 3. The following persons, because of their official positions, are appointed as honorary members of the aforesaid superior sanitary board: Dr. Hugo Roberts, first physician of the port of Havana, and Dr. Joaquin L. Jacobsen, president of the league against tuberculosis. In representation of the respective corporations, Dr. Juan Santos Fernandez, for the academy of sciences of Havana; Dr. José Varela Zequeira, for the university; Dr. Gonzalo Arostegui, for the board of education, and Dr. José del Cueto y Pazos, professor of law, for the law faculty.

"Art. 4. The superior sanitary board of the island of Cuba will act as a dependency (bureau) of the department of Government (interior) in accordance with the provisions of decree No. 11, of this presidential office, dated May 20 last.

"Art. 5. The secretary of Government will dictate the necessary measures to give possession of the offices to the gentlemen appointed, and will propose what is deemed necessary to establish this dependency (bureau) and the offices of the superior sanitary board, in harmony with the fundamental law of the Republic.

"T. ESTRADA PALMA.

"EDUARDO YERO, *Secretary of Government.*"

EGYPT.

Management of the cholera epidemic.

Asst. Surg. Victor G. Heiser reports from Alexandria, January 6, as follows: The manner in which the epidemic was managed is very instructive and shows what may be accomplished when modern scientific measures are vigorously applied.

The first case of cholera was reported in the interior of Egypt, July 15, 1902. The disease spread rapidly to all parts of the country. The rapid spread is attributed to the fact that the facilities for getting about from place to place have improved very much since the last epidemic. By the middle of September there were more than 1,500 new cases per day. After that period, as the sanitary measures became perfected, there was a rapid decline in the number of cases. By December 1, the disease had been entirely stamped out, with the exception of a few cases at Alexandria and at a small number of the villages. By January there was only an occasional case at Alexandria. The total number of cases reported to date for all Egypt, was 39,892; total number died, 33,986; total number recovered, 5,906.

The general opinion among the sanitary authorities is that water and possibly a few food products are the only means by which the diseases were spread. The principal food products suspected are those which are generally washed with water, such as dates, lettuce, etc. It is not believed that the Nile was infected, or at least only locally here and there. Experiments made here recently seem to indicate that any running stream of the size of the Nile does not become sufficiently infected to convey such a disease as cholera. The experiments consisted in placing large numbers of the bacillus prodigiosus in running water and attempting to recover the organism a short distance below. The results were always negative. Of course the technical difficulties connected with an experiment of this kind must be borne in mind.

The measures employed to combat the epidemic were isolation, disinfection, and the supplying of drinking water free from cholera germs.

The wells were considered the principal source of infection. More than 10,000 of these were disinfected in Cairo alone. Taps from which free drinking water could be obtained were temporarily constructed in all the infected districts of Cairo. In order to still further discourage the consumption of well water, fire engines were used to pump water from the Nile. In districts where this was done there was an almost immediate falling off in the number of cases. In the villages, artesian wells were bored and the water from them alone used. The disease in such places was checked almost immediately. It is also interesting to observe that the city of Tanta, which in previous epidemics has always had a large number of cases, was entirely free from the disease during this epidemic. The reason for this improved condition of affairs is ascribed to the fact that the water supply is derived from an artesian well which had been bored before the outbreak of the epidemic.

Persons afflicted with cholera were immediately taken to an isolation hospital. In Cairo a number of schools were used for hospitals. All fabrics found in the infected houses were taken to the disinfecting station and disinfected with steam. All containers for fluids were broken and new ones issued in their stead. These containers in Egypt usually consist of earthenware and it is not deemed practical to disinfect them. The floors of the houses were sprinkled with a 1 to 1,000 perchloride of mercury solution. The walls to a height of about 5 feet were treated in a similar manner. This was followed by whitewashing, with a freshly prepared solution of unslacked lime, the surfaces of which had been previously sprinkled with the mercury solution.

The wells were disinfected either with permanganate of potassium or lime solution, the principal object being to so discolor the water in the wells that the natives would not drink it. When those measures were not effective sulphuric acid was poured into the wells.

In the neighborhood of Cairo the Nile was patrolled by guards and vessels in order to prevent people from infecting it with dejecta or otherwise. The dead were wrapped in sheets saturated with perchloride of mercury solution.

I have to thank Sir Horace Pinching and his assistants for showing me about the disinfecting station and supplying me with the data contained in this report.

The SURGEON-GENERAL.

GERMANY.

BERLIN, January 8, 1903.

Consul-General Mason reports as follows: The death rate of Berlin for the week ended December 27, 1902, was somewhat higher than in the foregoing week, amounting to 16.7 per 1,000 inhabitants—considerably higher than for the corresponding week of the previous year, in which it only amounted to 15.1. In spite of this increase, however, only 2 of the large German cities showed in the Christmas week more favorable health conditions than Berlin, namely, Leipsig and Schöneberg (with 10.3 per 1,000 inhabitants). Dresden, Nüremberg, Charlottenburg (with 19.3), London, Munich, Stuttgart, Cologne, Hamburg, Königsberg, as well as Paris and Vienna, all had higher mortality rates than Berlin. The participation of children in their first year in the mortality was less than in the foregoing week, the increase in the